Water System Name:	Water System Number:
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	<b>Analysis</b>	Analysis Report Form		
-Water System Section-			<b>!-</b>	
Water System Nam	e:			
Water System Number	er:			
	-Sampling	g Point Sectio	n-	
WSF State Asgn I	-	_		
			-	
Sampling Poir	nt:	Descrpt	<u>.:</u>	
Collection Date (MMDDYYYY	):			
	e:			
mple Collector Name _Telephone No	).:			
Sample Purpose (Circle One)	: Routine (RT)	Repeat (RP) S	pecial (SP)	
Sample Type (Circle One)	: Finished (FN)	Raw (RW)		
Analyte Group Code: IOC			w/ Units of Me	
Analyte	Analyte Code	Method Code*	Lab Reporting Level	Concentratio
ARSENIC	1005			
BARIUM	1010			
CADMIUM	1015			
CHROMIUM	1020			
CYANIDE	1024			
FLUORIDE	1025			
IRON	1028			
MANGANESE	1032			
MERCURY	1035			
NICKEL	1036			
SELENIUM	1045			
SODIUM	1052			
SULFATE	1055			
ANTIMONY	1074			
BERYLLIUM	1075			
THALLIUM	1085			
ZINC	1095		+	

Water System	Name:	Water System Number:
	-Laborator	y Section-
Labor	ratory State ID Number:	
	Laboratory Name:	
	Lab Sample Number:	
	Date Lab Rcpt.:	
	Complete Date:	
	Complete Time:	
Commen	ts (Data Quality Issues):	
Mail Results to:	Illinois Environmental Protection Age Drinking Water Compliance Unit, Ma 1021 North Grand Avenue East, P.O.	ilstop #19
	Springfield, IL 62704-9276	17276
Questions Call: (2	17) 785-0561	
Fax: (217) 557-140	70	
Signature of A	nalyst or Official	
	Date Forwarded	

## \* See List of Permitted Values

This Agency is authorized to require this information under Illinois Revised Statutes, 1987, Chapter 111 1/2, Section 1004(H). Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 for each day the failure continues. a fine up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.